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IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR SAMUEL WERMUTH DATE 7/21/88 PERMIT NO. _____

PHONE: Business _____ Home (919) 855-0550

LOCATION 1100 TR McKendrie TL Kemp TL Agnew
On R. ~ 1/2 mile S. R. No. _____

SUBDIVISION NAME C L and T LOT NO. 1645 SECTION OR BLOCK NO. 8
Co. No. 73

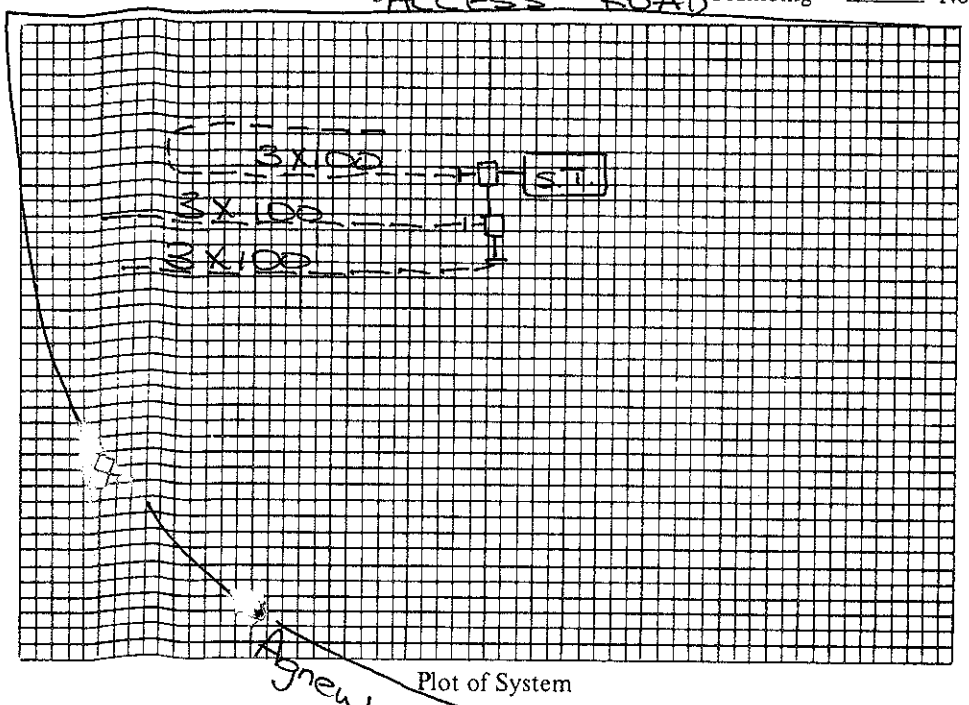
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 3
Garbage Disposal Unit Yes (✓) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil clay
Percolation Rate 4
Topography 15%
Depth to Water Table 4'+
Rock or other impervious formations none observed

Lot Area ~2.23 A.

_____ Basement with Plumbing ACCESS ROAD Basement without Plumbing _____ ✓ No Basement



Plot of System

Size of Tank 1000 gals Apr. 1250 gals Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Julian Bowles

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andrew C. Price DATE 7/21/88

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold